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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Klonopin 1mg Qty 30 one to two tab at night x2 Refills

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Physical Medicine and Rehabilitation; Board Certified Pain Medicine

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. The reviewer finds medical necessity is not established for Klonopin 1mg Qty 30 one to two tab at night x2 Refills.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
06/07/11 – Statement Of Pharmacy Services
07/05/11 – Statement Of Pharmacy Services
07/06/11 – Statement Of Pharmacy Services
09/16/11 – Utilization Review Determination
09/26/11 – Clinical Note –DO
09/27/11 – Statement Of Pharmacy Services
10/26/11 – Statement Of Pharmacy Services
11/10/11 – Clinical Note –DO
11/10/11 – Toxicology Report
11/15/11 – Required Medical Examination
11/29/11 – Statement Of Pharmacy Services
01/16/12 – Clinical Note –DO
02/10/12 – Statement Of Pharmacy Services
03/09/12 – Statement Of Pharmacy Services
03/14/12 – Statement Of Pharmacy Services
03/20/12 – Clinical Note –DO
03/20/12 – Clinical Note –DO
03/21/12 – Toxicology Report
04/01/12 – Utilization Review Determination
04/09/12 – Clinical Note –DO
04/12/12 – Utilization Review Determination
04/13/12 – Reply To Letter –MD
04/17/12 – Statement Of Pharmacy Services
06/18/12 – Notice To Core 400, LLC Of Case Assignment
06/19/12 – Correspondence – Law Ofice

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female with a history of upper extremity pain. The claimant saw Dr. on xx/xx/xx for evaluation of complex regional pain syndrome. The note states the claimant effectively used a spinal cord stimulator. Physical exam revealed swelling and hyperesthesia of the arms. There was a mottled appearance of the skin. The claimant's stimulator was reprogrammed and analyzed. The claimant was given samples of Lyrica. The claimant saw Dr. on 11/10/11. The claimant reported excellent relief of upper extremity pain complaints with the current medication regimen of Norco, Effexor, and Neurontin. The claimant was advised to follow up in three months. The claimant was seen for required medical examination on 11/15/11. The claimant complained of pain in the bilateral arms and right leg rating 0 to 6 out of 10. Prior treatment included work conditioning, work hardening, electrical stimulation, epidural steroid injections, nerve root blocks, physical therapy, psychological therapy, and massage. Physical exam revealed negative Spurling's. There was no muscle spasm noted. There was no crepitus noted. There was normal range of motion of the neck, bilateral shoulders, elbows, forearms, and wrists. There was full strength throughout. There was no evidence of spasticity, rigidity, or flaccidity. The reflexes were symmetrical bilaterally. Phalen's was negative bilaterally. There was a thoracic scar at T5-6. There was no dryness noted. Sweat pattern, color, and temperature were normal. There were no bruits, crepitus, masses, or swelling. The claimant appeared tearful throughout the interview. The claimant's mood was reported as depressed. Speech was within normal limits, though punctuated by tearfulness. The thought process was goal-directed and somewhat delusional. The claimant reported intermittent suicidal ideation with no attempt. The claimant denied auditory or visual hallucination, but appeared to have clear somatic delusions. The urine drug screen was positive for hydrocodone and gabapentin, though hydrocodone was not listed as a prescribed medication. The claimant's BDI score was 19, indicating mild depression. The claimant's BAI score was 41, consistent with severe anxiety. The claimant was assessed with delusional disorder, somatic type with malingering and avoidant personality disorder. The claimant was recommended for discontinuation of the prescribed medications. The claimant saw Dr. on 01/16/12. Physical exam revealed warmth of the bilateral arms. There was minimal hyperesthesia and minimal allodynia. The claimant was recommended for continued use of medications. The claimant saw Dr. on 03/20/12 with complaints of chronic pain. The note states there was no evidence of illicit drug use. The claimant reported fair to good result with the medications. The note states the claimant had responded favorably and repetitively physiologically to sympathetic blockade. Physical exam revealed warmth of the hands. There was minimal hyperesthesia. There was mild mottled appearance to the palmar aspects of the bilateral hands. The claimant was recommended for continued use of the medications. The request for Klonopin was denied by utilization review on 04/01/12 due to lack of specific citations noting its use in CRPS to medically justify the request. The claimant saw Dr. on 04/09/12. The note states there was less swelling and sensitivity in the legs, arms, and hands. The claimant's medications included Lyrica, Effexor, Norco, and Klonopin. The note states the combination of medications were "highly efficacious in improving the claimant's sleep, pain tolerance, and mood control while providing effective analgesia in the absence of side effect". The request for Klonopin was denied by utilization review on 04/12/12 due to lack of current medical literature noting beneficial use of Klonopin in CRPS to medically justify the request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The claimant has been followed for chronic pain and CRPS in the upper extremities. There are no evaluations demonstrating evidence of significant anxiety or other generalized anxiety disorders that would reasonably require the use of Klonopin as indicated in current evidence based guidelines. There are no indications in current evidence based guidelines regarding the use of Klonopin in the treatment of CRPS that would support the medical need of this medication. As the clinical documentation provided does not meet guideline recommendations, the reviewer finds medical necessity is not established for Klonopin 1mg Qty 30 one to two tab at night x2 Refills and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)